



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

HAP Empowered Health Plan, Inc.

(Name)

NAIC Group Code 01311 (Current Period) , 01311 (Prior Period) NAIC Company Code 95814 Employer's ID Number 38-3123777

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 01/01/1994 Commenced Business 01/01/1994

Statutory Home Office 2850 West Grand Boulevard (Street and Number) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 2850 West Grand Boulevard (Street and Number)

Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 888-654-2200 (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard (Street and Number or P.O. Box) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number)

Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 248-443-1093 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org/emp/hap-empowered

Statutory Statement Contact Dianna L. Ronan CPA (Name) , 248-443-1093 (Area Code) (Telephone Number) (Extension)

dronan@hap.org (E-Mail Address) 248-443-8610 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael Allen Genord M.D.	President and CEO	Robin Damschroder	Treasurer
Archana Rajendra #	Assistant Secretary	Michelle Denise Johnson Tidjani Esq.	Secretary

OTHER OFFICERS

Marjorie Ann Staten J.D. Assistant Secretary

DIRECTORS OR TRUSTEES

Charles Andrew Bloom D.O. Michael Allen Genord M.D. Kenneth Michael Treash

State of Michigan

County of Wayne

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Allen Genord M.D.
President and CEO

Robin Damschroder
Treasurer

Archana Rajendra
Assistant Secretary

Subscribed and sworn to before me this
day of ,

- a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	1,979,884	7,030,181		2,656,434	1,979,884	2,113,892
2. Claim overpayment receivables				256,487	.0	431,419
3. Loans and advances to providers0	
4. Capitation arrangement receivables0	
5. Risk sharing receivables0	
6. Other health care receivables				21,875	.0	14,898
7. Totals (Lines 1 through 6)	1,979,884	7,030,181	0	2,934,797	1,979,884	2,560,209

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HAP Empowered Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HAP Empowered Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HAP Empowered Health Plan, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	39,781,862	18.6	66,518	156.9	39,781,862	
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	39,781,862	18.6	66,518	156.9	39,781,862	0
Other Payments:						
5. Fee-for-service	4,934,292	2.3	XXX	XXX	56,161	4,878,131
6. Contractual fee payments	169,679,786	79.1	XXX	XXX	44,226,189	125,453,597
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	174,614,078	81.4	XXX	XXX	44,282,350	130,331,728
13. Total (Line 4 plus Line 12)	214,395,940	100 %	XXX	XXX	84,064,212	130,331,728

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HAP Empowered Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Empowered Health Plan, Inc. 2. (LOCATION)

NAIC Group Code 01311 BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2022										NAIC Company Code 95814		
	1 Total	Comprehensive Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non-Health
		2 Individual	3 Group											
Total Members at end of:														
1. Prior Year	33,120							4,515	28,605					
2 First Quarter	35,025							4,347	30,678					
3 Second Quarter	37,583							4,446	33,137					
4. Third Quarter	39,531							4,680	34,851					
5. Current Year	42,391							4,832	37,559					
6 Current Year Member Months	453,241							54,706	398,535					
Total Member Ambulatory Encounters for Year:														
7. Physician	569,989							296,551	273,438					
8. Non-Physician	119,201							33,531	85,670					
9. Total	689,190	0	0	0	0	0	0	330,082	359,108	0	0	0	0	0
10. Hospital Patient Days Incurred	24,092							8,907	15,185					
11. Number of Inpatient Admissions	4,375							1,298	3,077					
12. Health Premiums Written (b).....	245,822,147							120,070,891	125,751,256					
13. Life Premiums Direct.....	0													
14. Property/Casualty Premiums Written.....	0													
15. Health Premiums Earned.....	245,822,147							120,070,891	125,751,256					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	214,395,940							101,990,060	112,405,880					
18. Amount Incurred for Provision of Health Care Services	212,484,881							100,901,167	111,583,714					

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$120,070,891



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Empowered Health Plan, Inc. 2. (LOCATION)

NAIC Group Code		01311		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2022							NAIC Company Code		95814	
		1	Comprehensive Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14	
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health	
Total Members at end of:																
1. Prior Year		33,120	0	0	0	0	0	0	4,515	28,605	0	0	0	0	0	
2 First Quarter		35,025	0	0	0	0	0	0	4,347	30,678	0	0	0	0	0	
3 Second Quarter		37,583	0	0	0	0	0	0	4,446	33,137	0	0	0	0	0	
4. Third Quarter		39,531	0	0	0	0	0	0	4,680	34,851	0	0	0	0	0	
5. Current Year		42,391	0	0	0	0	0	0	4,832	37,559	0	0	0	0	0	
6 Current Year Member Months		453,241	0	0	0	0	0	0	54,706	398,535	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:																
7. Physician		569,989	0	0	0	0	0	0	296,551	273,438	0	0	0	0	0	
8. Non-Physician		119,201	0	0	0	0	0	0	33,531	85,670	0	0	0	0	0	
9. Total		689,190	0	0	0	0	0	0	330,082	359,108	0	0	0	0	0	
10. Hospital Patient Days Incurred		24,092	0	0	0	0	0	0	8,907	15,185	0	0	0	0	0	
11. Number of Inpatient Admissions		4,375	0	0	0	0	0	0	1,298	3,077	0	0	0	0	0	
12. Health Premiums Written (b).....		245,822,147	0	0	0	0	0	0	120,070,891	125,751,256	0	0	0	0	0	
13. Life Premiums Direct.....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....		245,822,147	0	0	0	0	0	0	120,070,891	125,751,256	0	0	0	0	0	
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services		214,395,940	0	0	0	0	0	0	101,990,060	112,405,880	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services		212,484,881	0	0	0	0	0	0	100,901,167	111,583,714	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$120,070,891

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HAP Empowered Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE HAP Empowered Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	277	240	399	631	813
3. Title XIX-Medicaid.....	477	366	715	316	235
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	212,394	178,324	1,251	1,488,721	2,186
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	352	1,113	3,098	2,877
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	68,440,189		68,440,189
2. Accident and health premiums due and unpaid (Line 15).....	7,618,810		7,618,810
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	16,320,853		16,320,853
6. Total assets (Line 28)	92,379,852	0	92,379,852
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	30,541,754	0	30,541,754
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,274,899		1,274,899
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	30,651,118		30,651,118
15. Total liabilities (Line 24).....	62,467,771	0	62,467,771
16. Total capital and surplus (Line 33).....	29,912,082	XXX	29,912,082
17. Total liabilities, capital and surplus (Line 34)	92,379,853	0	92,379,853
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
01311	Henry Ford Health Systems Group	95844	38-2242827				Health Alliance Plan of Michigan	MI	UDP	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
01311	Henry Ford Health Systems Group	60134	38-3291563				Alliance Health and Life Insurance Company	MI	IA	Health Alliance Plan of Michigan	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-2651185				Administration System Research Corporation		NIA	Health Alliance Plan of Michigan	Ownership	1.0	Henry Ford Health System		
01311	Henry Ford Health Systems Group	95814	38-3123777				HAP Empowered Health Plan, Inc.	MI	RE	Health Alliance Plan of Michigan	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-1357020				Henry Ford Health System		UIP						
00000	Henry Ford Health Systems Group	00000	38-2791823				Henry Ford Wyandotte Hospital Corp.		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-2947657				Henry Ford Macomb Real Estate, LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-2565235				Fairlane Health Services Corp.		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-1958953				Metropolitan Detroit Area Hospital Services, Inc.		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	90-0840304				Henry Ford Innovation Institute		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	23-7383042				Henry Ford Health System Foundation		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-3232668				Northwest Detroit Dialysis Centers		NIA	Henry Ford Health System	Ownership	0.6	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	26-0423581				Macomb Regional Dialysis Centers LLC		NIA	Henry Ford Health System	Ownership	0.6	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-1378121				Sha Realty Corp.		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	46-5746225				Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Henry Ford Health Systems Group	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	46-4064067				Henry Ford Health System Government Affairs Services		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					Henry Ford Elijah McCoy Condominium Association		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	0.2	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	98-0128041				Caymich Insurance Company, LTD		IA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	41-2176000				IRB Medical Equipment, LLC		NIA	Henry Ford Health System	Ownership	0.4	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	38-2666933				Med Star Ambulance		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	26-3421732				Macomb County EMS Medical Control Authority		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	37-1502443				Community Health Technology Network		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	87-2121325				HFHS-Acadia Joint Venture, LLC		NIA	Henry Ford Health System	Ownership	0.2	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					G3 Pharmaceuticals		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					Cottage Condominium Association		NIA	Henry Ford Health System	Ownership	0.3	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					KARETech Medical Devices		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					PRAM Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					Truveta, Inc		NIA	Henry Ford Health System	Ownership	0.2	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					Henry Ford Physician Partners		NIA	Henry Ford Health System	Ownership	1.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	87-1165650				Henry Ford Home Recovery Care, LLC		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					HFHS - MSU Health Sciences		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					CarePath Rx Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	87-1466014				Henry Ford GoHealth Urgent Care Mgmt, LLC		NIA	Henry Ford Health System	Ownership	0.5	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					DePre Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.0	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000					ExPre Holdings, LLC		NIA	Henry Ford Health System	Ownership	0.1	Henry Ford Health System		
00000	Henry Ford Health Systems Group	00000	88-4413164				Healthy Population LLC		NIA	Henry Ford Health System	Ownership		Henry Ford Health System		

41.2

[illegible]

Asterisk	Explanation

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42

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SCHEDULE Y

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

Responses

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

19.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
20.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
21.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....SEE EXPLANATION.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....SEE EXPLANATION.....

Explanation:

12.


The company has no shareholders
23.


The company is not a member of the Michigan Life & Health Insurance Guaranty Association
24.


The company is not subject to MAR filing


Bar code:

10.










9 5 8 1 4 2 0 2 2 3 6 0 5 9 0 0 0
11.


9 5 8 1 4 2 0 2 2 2 0 5 5 9 0 0 0
13.


9 5 8 1 4 2 0 2 2 3 7 1 0 0 0 0 0
14.


9 5 8 1 4 2 0 2 2 3 7 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15.	 9 5 8 1 4 2 0 2 2 3 6 5 0 0 0 0 0
16.	 9 5 8 1 4 2 0 2 2 2 2 2 4 0 0 0 0 0
17.	 9 5 8 1 4 2 0 2 2 2 2 2 5 0 0 0 0 0
18.	 9 5 8 1 4 2 0 2 2 2 2 2 6 0 0 0 0 0
19.	 9 5 8 1 4 2 0 2 2 3 0 6 0 0 0 0 0 0
20.	 9 5 8 1 4 2 0 2 2 2 2 1 1 0 0 0 0 0
21.	 9 5 8 1 4 2 0 2 2 2 2 1 6 5 9 0 0 0
22.	 9 5 8 1 4 2 0 2 2 2 2 1 7 0 0 0 0 0

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